Recipient Committee Campaign Statement Cover Page	Type or print in ink.		Date Stamp FILED	CALIF	ORNIA
	Statement covers period 07/01/2011	Date of election if applicable: (Month, Day, Year)	JAN 13 2012	Page	for Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2011	BY:	City Clerk	0	
1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.	ttees – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Small Contributor Committee	 □ Primarily Formed Ballot Measure Committee ○ Controlled ○ Sponsored (Also Complete Part 6) □ Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) 	□ Preelection Statement Semi-annual Statement □ Termination Statement (Also file a Form 410 Termination) □ Amendment (Explain below)	mination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 4	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
	0000				
3. Committee Information	1307582	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	MMITTEE)	NAME OF TREASURER			
Friends of Mike Cordero		I rent Benedett MAILING ADDRESS			
		2151 S. College Dr. Ste. 101	101		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
1324 Ruby Ct.		Santa Maria	CA	93455	805-922-4881
CITY STATE	ZIP CODE AREA CODE/PHONE 93454	NAME OF ASSISTANT TREASURER, IF ANY	R, IF ANY		
SS (IF DIFFERENT) NO. AND S		MAILING ADDRESS			

4. Verification

OPTIONAL: FAX / E-MAIL ADDRESS

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

AREA CODE/PHONE

ZIP CODE

STATE

AREA CODE/PHONE

ZIP CODE

STATE

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OPTIONAL: FAX / E-MAIL ADDRESS

202-201-1	STATE OF THE PARTY	
Executed off	Signature of Treasurer or Assistant Treasurer	
Executed on (17-12	By Mick Mundle	
LASTORICA OF THE Date	Signature of Controllin'ig Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	
Executed on	BySignature of Controlling Officeholder, Candidale, State Measure Proponent	
Executed on	By	
Date	Signature of Controlling Officeholder, Candidate, State Measure Proponent	FPPC Form 460
	FPPC Toll-Free Helpline: 866/ASK-FPPC (80	SK-FPPC (8)

rm 460 (January/05) :PPC (866/275-3772) State of California

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COVER PAGE - PART 2

			Page 2	of 7
5. Officeholder or Candidate Controlled Committee	ittee	6. Primarily Formed Ballot Measure Committee	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
Mike Cordero				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	CT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURISDICTION		SUPPORT
City Council Member City of Santa Maria				PPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	CITY STATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if any.	ndidate, or state measure pr	ponent, if any.
		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	ROPONENT	
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	stement: List any committees or are primarily formed to receive ndidacy.	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	ANY
COMMITTEE NAME	I.D. NUMBER			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	ceholder Committee List is committee is primarily formec	names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	<u> </u>	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	SODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	ox)			5
CITY STATE ZIP C	ZIP CODE AREA CODE/PHONE	Attach continuat	Attach continuation sheets if necessary	

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npaign Disclosure Statement	nmary Page
Campa	Summs

Type or print in ink. Amounts may be rounded

SUMMARY PAGE Statement covers period

Summary Page SEE INSTRUCTIONS ON REVERSE NAME OF EILER	Amounts may be rounded to whole dollars.	Statem from through	Statement covers period 07/01/2011	CALIFORNIA 460 FORM Page 3 of 7 LD. NUMBER
				1307582
(FR	Column A TOTALTHIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDARYEAR TOTALTODATE	Calendar Year Surr Running in Both th General Elections	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
Monetary Contributions Schedule A, Line 3 \$	26700.00 -26700.00 0.00	0.00	ons	1/1 through 6/30 7/1 to Date
	0.00	\$ 0.00	Kecelved \$	e e
Schedule E, Line 4 \$			Expenditure Limit Candidates 22. Cumulati	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made*
Add Lines 6 + 7 \$Schedule F, Line 3Schedule G. Line 3	0.00	0.00	(if Subject t Date of Election (mm/dd/yy)	(ff Subject to Voluntary Expenditure Limit) ection Total to Date (/yy)
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10 \$	0.00	\$ 0.00		₩
Previous Summary Page, Line 16 \$	165.05	To calculate Column B add		₩
Column A, Line 3 above Schedule I, Line 4	0.00	corresponding amounts from Column B of your last from Column B of your last report. Some amounts in	*Amounts in this section reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	0.00	Column A may be negative figures that should be subtracted from previous period amounts. If this is		
Schedule B, Part 2 \$	00:00	the first report being lifed for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	0.00	from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$	0.00		FPPC Toll-Free Helpli	FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Monetary Contributions Received Schedule A.

Amounts may be rounded Type or print in ink. to whole dollars.

CALIFORNIA 4 Page Statement covers period 12/31/2011 07/01/2011 from

SCHEDULE A

I.D. NUMBER

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through

1307582

CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)

AMOUNT

TODATE (IF REQUIRED) PER ELECTION

RECEIVED THIS PERIOD

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

CONTRIBUTOR CODE *

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)

DATE RECEIVED

Friends if Mike Cordero

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

21171.18

Retired

MIND COM

Santa Maria, CA 93454

1324 Ruby Ct.

08/27/2011

Mike Cordero

Santa Maria, CA 93454

Linda Cordero

1324 Ruby Ct.

04/12/2010

COM OTH □PTY

QNI

26200.00

Santa Maria Police

Department

Catherine Kolnaski Music Teacher

500.00

500.00

Magnet

Santa Maria Police Retired Scc

Department

Santa Maria, CA 93454

1324 Ruby Ct.

Mike Cordero

08/04/2008

Mike Cordero

1324 Ruby Ct.

09/02/2008

26200.00

3828.82

Santa Maria Police

Retired

Department

26200.00

1200.00

Santa Maria, CA 93454

SCC SCC WO3 □ □ PTY QNI

SUBTOTAL \$

26700.00

26700.00

*Contributor Codes

0.00 8 0

OTH - Other (e.g., business entity) SCC - Small Contributor Committee (other than PTY or SCC) COM - Recipient Committee PTY - Political Party IND - Individual

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Amount received this period – unitemized monetary contributions of less than \$100 Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ri

Schedule A Summary

Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

26700.00

... TOTAL \$

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Schedule B - Part 1 Loans Received

Amounts may be rounded to whole dollars. Type or print in ink.

SCHEDULE B - PART 460 CALIFORNIA FORM Statement covers period 07/01/2011 from

CONTRIBUTIONS TO DATE PER ELECTION ** PER ELECTION *** PER ELECTION** 0.00 0.00 CALENDAR YEAR 0.00 CALENDAR YEAR CALENDAR YEAR 26200.00 500.00 26200.00 CUMULATIVE / o ORIGINAL AMOUNT OF LOAN DATE INCURRED DATE INCURRED DATE INCURRED 500.00 3128.89 1200.00 08/04/08 I.D. NUMBER 06/27/08 04/12/10 2 1307582 Page (Enter (e) on Schedule E, Line 3) 0.00 INTEREST PAID THIS PERIOD 0.00 % 0.00 % RATE RATE RATE 12/31/2011 6 OUTSTANDING BALANCEAT CLOSE OF THIS PERIOD 0.00 0.00 0.00 DATE DUE DATEDUE DATE DUE through 6 AMOUNT PAID OR FORGIVEN THIS PERIOD* 22871.18 500.00 1200.00 21171.1 FORGIVEN FORGIVEN FORGIVEN ☐ PAID □ PAID ☐ PAID w RECEIVED THIS PERIOD 0.00 0.00 0.00 (b) AMOUNT OUTSTANDING
BALANCE
BEGINNING THIS
PERIOD 21171.18 500.00 1200.00 SUBTOTALS OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) IF AN INDIVIDUAL, ENTER Santa Maria Police Santa Maria Police Catherine Kolnaski Music Teacher Department Department Magnet Retired Retired SCC သ္တင္တ SCC FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I,D. NUMBER) \ YI F ΡŢ SEE INSTRUCTIONS ON REVERSE Friends if Mike Cordero Santa Maria, CA 93454 OTH Santa Maria, CA 93454 Santa Maria, CA 93454 OTH □ OTH WOS □ COM COM Linda Cordero 1324 Ruby Ct. 1324 Ruby Ct. 1324 Ruby Ct Mike Cordero Mike Cordero NAME OF FILER IND IND IND IND T IND

Schedule B Summary

0.00 မာ (Total Column (b) plus unitemized loans of less than \$100. Loans received this period

(Include loans paid by a third party that are also itemized on Schedule A.) Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) ci

Enter the net here and on the Summary Page, Column A, Line 2, Net change this period. (Subtract Line 2 from Line 1.) က

OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee (other than PTY or SCC) COM - Recipient Committee **TContributor Codes** IND - Individual

26700.00

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-26700.00 (May be a negative number)

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EN

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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Schedule B - Part 1 Loans Received

Amounts may be rounded Type or print in ink. to whole dollars.

SCHEDULE B - PART ŏ CALIFORNIA FORM I.D. NUMBER 9 Page __ Statement covers period 12/31/2011 07/01/2011 through from

1307852

Friends of Mike Cordero

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTER I.D., NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
Mike Cordero 1324 Ruby Ct. Santa Maria, CA 93454	Retired Santa Maria Police			PAID \$ FORGIVEN	\$ 0.00	0.00 %	, 3828.82	CALENDAR YEAR \$\) \$\) PER ELECTION***
TE IND COM COTH PTY SCC	Department	3828.82	00.00	3828.82	0.00 DATE DUE	9	09/02/08 DATE INCURRED	\$ 26200.00
				□ PAID				CALENDAR YEAR
			<u> </u>	\$	69	RATE %	69	\$ PER ELECTION **
TO IND COM OTH PTY SCC		93		\$	DATE DUE	S	DATE INCURRED	ا «
				□ PAID				CALENDAR YEAR
			<u> </u>	\$	99	RATE %	69	\$ PER ELECTION***
†□ IND □ COM □ OTH □ PTY □ SCC		69	475	89	DATE DUE	vs.	DATE INCURRED	67
		SUBTOTALS \$	0.00	3828.82 \$	0.00	00.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		

Schedule B Summary

0.00 ↔ (Total Column (b) plus unitemized loans of less than \$100.) Loans received this period ...

(Include loans paid by a third party that are also itemized on Schedule A.) (Total Column (c) plus loans under \$100 paid or forgiven.) Loans paid or forgiven this period κi

Enter the net here and on the Summary Page, Column A, Line 2 Net change this period. (Subtract Line 2 from Line 1.) ... က

OTH - Other (e.g., business entity) SCC - Small Contributor Committee (other than PTY or SCC) COM - Recipient Committee PTY - Political Party IND - Individual

†Contributor Codes

26700.00

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-26700.00

(May be a negative number)

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*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

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(Continuation Sheet) Payments Made Schedule E

Amounts may be rounded Type or print in ink. to whole dollars.

ğ CALIFORNIA FORM Page Statement covers period 12/31/2011 07/01/2011 through from

I.D. NUMBER t.v. or cable airtime and production costs 1307582 staff/spouse travel, lodging, and meals candidate travel, lodging, and meals radio airtime and production costs campaign workers' salaries If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. returned contributions meetings and appearances member communications petition circulating office expenses phone banks F 50 8 F F 톲흕유 F contribution (explain nonmonetary)* campaign paraphernalia/misc. Friends of Mike Cordero SEE INSTRUCTIONS ON REVERSE campaign consultants civic donations NAME OF FILER CODES:

transfer between committees of the same candidate/sponsor

information technology costs (internet, e-mail)

voter registration

postage, delivery and messenger services professional services (legal, accounting)

print ads

independent expenditure supporting/opposing others (explain)*

candidate filing/ballot fees

S

O.

fundraising events

campaign literature and mailings

legal defense

29

polling and survey research

0.00 165.05 0.00 0.00 0.00 165.05 AMOUNT PAID **SUBTOTAL \$** Misappropriated by the former treasurer DESCRIPTION OF PAYMENT OR CODE NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Friends of Mike Cordero ID # 1307582 Santa Maria, CA 93454 1324 Ruby Ct.

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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